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J6912 U.S. PTO
10/40/90JC903 U.S. PRO
09/07/1738
06/04/01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|---|--------------------------|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i> | [Total Pages] 70 |
| 2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27. | |
| 3. <input checked="" type="checkbox"/> Specification | [Total Pages] 16 |
| (preferred arrangement set forth below) | |
| <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) | [Total Sheets] 16 |
| 5. Oath or Declaration | [Total Pages] 4 |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i> | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

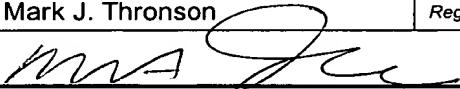
Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label				or <input checked="" type="checkbox"/> Correspondence address below
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson			
Address	2101 L Street NW			
City	Washington	State	DC	Zip Code
Country	US	Telephone	(202) 785-9700	Fax (202) 887-0689
Name (Print/Type)	Mark J. Thronson		Registration No. (Attorney/Agent)	33,082
Signature			Date	June 4, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,278.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	June 4, 2001
First Named Inventor	Hiromi Inada
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	H6810.0025/P025

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1073

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed

Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	40.00

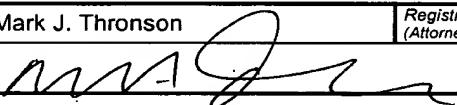
2. EXTRA CLAIM FEES	Extra Claims	Fee from below	Fee Paid
Total Claims 36	-20** = 16	X 18.00 = 288.00	
Independent Claims 6	-3** = 3	X 80.00 = 240.00	
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 528.00)

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (print/type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone	(202) 775-4742
Signature				Date	June 4, 2001